

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

2 2 - 1 1

2. STATE:

New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 1997

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 447.250

7. FEDERAL BUDGET IMPACT:

a. FFY 1996-1997 \$ -12.4

b. FFY 1997-1998 \$ -49.6

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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*** SEE Remarks

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-A Part II Page 6

10. SUBJECT OF AMENDMENT:

State Operated Psychiatric Hospitals

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Barbara A. DeBenedetto, J.D., R.P.H.

14. TITLE:

Commissioner

15. DATE SUBMITTED:

September 30, 1997

16. RETURN TO:

New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

17. DATE RECEIVED:

18. EFFECTIVE DATE OF AMENDMENT:

21. TYPED NAME:

Sue Kelly

23. REMARKS:

As per State letter dated 09/10/97, submitted page 6 of
Attachment 4.19-A Part II has been approved and renumbered as Attachment
4.19-A Part II page 2 which has been approved.Also SPA NY 97-33 has been approved and exchange from the originally
submitted effective date; approved effective date is 10/01/97

New York

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Attachment 4.19-A
Part II

resulting from the final settlement of OMH's Medicare cost reports covering the most recent State fiscal year available at the time the annual Medicaid rates are calculated ~~fiscal year ended March 31, 1991~~. Medicare final settlements are issued by OMH's Medicare Fiscal Intermediary following their review and audit of the Medicare cost reports submitted by OMH for each of the Medicare participating providers it operates. For purposes of Medicare reimbursement OMH Psychiatric Hospitals are treated as PPS exempt providers with payment rates developed in accordance with 42 CFR section 413.40.

B. For Childrens Psychiatric Centers

Since the Childrens Psychiatric Centers are not Medicare participating providers, the base inpatient per diem for these facilities shall be determined based on their average inpatient cost per day for the base year. The base year to be utilized shall be the same fiscal year as that used for the Medicare participating psychiatric centers as outlined under paragraph II.A. above.

The inpatient cost per day for the Childrens Psychiatric Centers shall be determined in accordance with the cost reporting and costfinding methods developed by the Hospital industry as adopted by the Medicare (Title XVIII) and Medicaid (Title XIX) Programs. In determining those items of cost that shall be determined to be allowable, Medicaid (Title XIX) laws, rules and regulations shall be applied in accordance with paragraph III.A. below.

C. Exclusion of Capital Cost

In developing the statewide average base year operating per diem for each rate category, capital costs shall be eliminated from the amounts included in the per diems described above under paragraphs II.A. and II.B. For purposes of this section capital costs shall be determined in accordance with the Medicare (Title XVIII) principles of reimbursement and accordingly will include depreciation on

TN

97-33

Approved Date

JUN 06 2001

Supersedes TN

97-13

Effective Date

OCT 10 1997

OCT 07 1997

OCT 01 1997